

Workshop Interest Form

Arizona Department of Education

Statewide Discipline Initiative

Workshops Interest:

- ☐ Classroom Management
- ☐ Preventing Classroom Discipline Problems

Time: *(please check one)*

- ☐ 9:00am-1pm
- ☐ 1:00pm-5pm
- ☐ 8:30am-4:30pm

Contact Information:

School Name: _____

Physical Address: _____

Mailing Address: _____

City, State Zip Code: _____

Contact Name: _____

Job Title: _____

Contact Number: _____

How many will attend? _____ (Max 30)

Attending Workshop:

Check all that applies

- | | | |
|---|--|--|
| <input type="checkbox"/> Administrator | <input type="checkbox"/> Social Worker/Behavior Specialist | <input type="checkbox"/> Other (please specify): _____ |
| <input type="checkbox"/> Regular Education Teacher
Grade _____ | <input type="checkbox"/> Para-Professional | |
| <input type="checkbox"/> Special Education Teacher
Grade _____ | <input type="checkbox"/> Charter School Staff
Grade _____ | |

Fax to Discipline Initiative at 602-542-2050